

Application for Washington State Employment



**Completing this application is your first step toward
joining a dynamic workforce dedicated to public service.**

*In order to present the strongest, most
accurate record of your qualifications
and skills, please read this packet and
the recruitment announcement carefully
prior to preparing your application.*

Mail to:



**PO Box 47561
Olympia WA 98504-7561
Phone: 360/664-1960
TTY: 360/753-4107**

*24-Hour Job Line:
(Updated every Thursday)*

**Olympia: 360/664-6226
Seattle: 206/720-3523
Spokane: 509/482-3685**

Instructions for Completing Application

1) Before Applying

Obtain a copy of the recruitment announcement for the job you are interested in applying for. Recruitment announcements are available on the DOP web-site at www.wa.gov/dop under job information.

Compare your education and experience with the requirements listed on the announcement. If you meet the requirements, proceed with the application process. The recruitment announcement will also contain relevant information about the job such as, duties, special conditions, where jobs are available, the type of exam that may be required, and the closing date.

- **Affirmative Action and Veteran's Preference**

The State of Washington is an equal opportunity employer. Information about our Affirmative Action Program and Veteran's Preference appears in Parts 7 & 8 of the application.

2) Application Tips

- ✓ Type or print clearly in ink.
- ✓ Provide *all* requested information.
- ✓ Emphasize your experience/education that relates directly to the requirements on the job announcement. Summarize other experience.
- ✓ Start with your most recent experience and work backward.
- ✓ Submit application (with all requested information) by 5:00 p.m. on the closing date.
- ✓ Submit a separate application for each recruitment announcement unless otherwise instructed.
- ✓ Legible photo copies may be submitted for other positions but must contain an *original* signature and current date.
- ✓ Make sure that you submit your application to the appropriate state agency by double checking instructions on the job announcement.

3) Now What?

You can expect to be notified of your application results about 3 weeks after the closing date.

- **Testing**
If you've met the requirements and a written exam is required, you will receive an exam schedule notice with further instructions.
- **Exam Assistance**
Assistance will be provided to persons of disability whose conditions would interfere with taking an exam. For example, you may require a reader, sign language interpreter, more time, etc. If you require such assistance, please call (360) 664-6333, Voice, or (360) 753-4107, TTY.
- **Employment Register**
Once your application is accepted and you've passed a required exam, your name will be placed on an employment register for one year. Near the end of that year, you may ask to remain on the register for another year, by calling (360) 664-1960.

TERMS & DEFINITIONS

Open Competitive-Applicant not working permanently for the state. (Includes temporary and intermittent staff.)

Promotion-Permanent employee or permanent project Washington state employee.

Transfer-Permanent employee applying within an existing job class or a closely related job class at the same salary level.

Voluntary Demotion-Permanent employee applying for a job at a lower salary level.

Reduction in Force (RIF)-Permanent employee who has been laid off (use as instructed by your personnel office).

Reversion-Permanent employee returning to job held prior to promotion.

HEP (Higher Education Personnel)-Permanent HEP employee in WA. Inter-system eligibility statement must be attached.

Reemployment-Previous permanent state employee who separated from state employment within the past 5 years applying for a similar job class.

Employment Preferences-If you do not specify agency preferences, we will assume you will accept employment in any agency.

Shift & Schedule-If all boxes are left blank, we will assume only full-time, permanent employment will be accepted.

Misdemeanor or Felony-Conviction of a misdemeanor or felony does not necessarily bar you from employment. If you have been convicted within the last 10 years, but the infraction is unrelated to the type of work you seek, you may check "No".

Application for Employment With the State of Washington

Part 1. GENERAL INFORMATION

Please review all questions carefully before preparing your application.

POSITION (Job title)		RECRUITMENT ANNOUNCEMENT NUMBER	
NAME (Last, First, and Middle Initial)		SOCIAL SECURITY NO. (Used for processing -Optional)	
MAILING ADDRESS (Include apartment number, if any)		E-MAIL ADDRESS	HOME TELEPHONE
CITY	COUNTY	STATE	ZIP
WORK (or message) TELEPHONE			

Application Type (check all boxes that apply to you):

- Are you currently a permanent State of Washington employee?
☐ NO, OPEN COMPETITIVE (A) ☐ YES, LIST CURRENT AGENCY'S NAME: _____
- ☐ NO, REEMPLOYMENT (D)
- If you are a permanent employee, check application type (see definitions in "Instructions"):
☐ PROMOTION (B) ☐ REDUCTION-IN-FORCE (F) ☐ HEP EMPLOYEE (H)
☐ TRANSFER (C) ☐ VOLUNTARY DEMOTION (E) ☐ REVERSION (G)

O F F I C E	Coded By	Code
	Test Score	
	Selective #1	Selective #2
U S E	Selective #3	Selective #4

Exam Information:

- Would you like to use your old multiple choice score? ☐ NO ☐ YES, USE PREVIOUS SCORE.
RECRUITMENT NUMBER, IF KNOWN: _____
IF CHANGED, YOUR NAME AT PREVIOUS TESTING: _____
- Saturday exams are available in Olympia, Seattle, and Spokane only. If you wish to take your exam on Saturday *, please indicate your choice.
☐ OLYMPIA ☐ SEATTLE ☐ SPOKANE *NOTE: Saturday exam space is limited and may delay your exam date.
- Do you need testing assistance such as a sign language interpreter, reader, etc? ☐ YES ☐ NO

Employment Preferences:

- Are you willing to travel as part of this job? ☐ YES ☐ NO
- Check types of employment you will accept:

<u>SHIFT</u>	<input type="checkbox"/> DAY	<input type="checkbox"/> SWING	<input type="checkbox"/> GRAVEYARD	<input type="checkbox"/> ROTATING	<u>SCHEDULE</u>	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> TANDEM/Shared
						<input type="checkbox"/> PROJECT	<input type="checkbox"/> SEASONAL	<input type="checkbox"/> INTERMITTENT (On-Call)	
- List agencies you prefer (check one):
☐ WILL ACCEPT WORK IN ANY AGENCY
☐ WILL ONLY ACCEPT WORK IN AGENCIES LISTED BELOW
☐ ANY, EXCEPT AGENCIES LISTED BELOW

Part 2. BACKGROUND INFORMATION

- If a driver's license or other license, certificate, or registration is required for this position, please complete the following:
- Other than English, what languages do you speak, read, or write fluently?
- Have you been convicted of a misdemeanor or felony within the past ten (10) years that might unfavorably affect your fitness for this job? (Answering yes will not automatically bar you from employment).
☐ YES ☐ NO

License, Certificate, or Registration	License Number	Expiration Date
Driver's License		
CDL		
Other (Indicate type)		

How did you learn of this employment opportunity?

- ☐ DEPARTMENT OF PERSONNEL (DOP) ☐ JOB FAIR - LOCATION: _____ ☐ STATE AGENCY (list office and location): _____
- ☐ NEWSPAPER ☐ DOP WEBSITE ☐ OTHER WEBSITE: _____ ☐ JOB LINE INFORMATION ☐ OTHER: _____

Part 3. EDUCATION AND TRAINING

Review of education:

- Have you graduated from high school or passed the GED? ☐ YES ☐ NO
- List college, business school, military training, and other relevant education.

School Name and Location	Month and Year Attended	Credits Earned			Major	Typed of Degree Awarded	Year degree received
		Quarter	Semester	Other (Specify)			
1	From /						
	To /						
2	From /						
	To /						
3	From /						
	To /						
4	From /						
	To /						
5	From /						
	To /						

Part 4. EMPLOYMENT HISTORY

This section must be completed in order to receive full credit. You may use this form for both volunteer and paid experience. For volunteer work, 174.3 hours equals one month of experience. If you need more spaces, see next page.

1. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Per Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised		
Specific Duties:					
2. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Per Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised		
Specific Duties:					
3. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Per Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised		
Specific Duties:					
4. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Per Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised		
Specific Duties:					
5. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /	Total Months	Average Hours /Per Week	Last Salary	
Immediate Supervisor's Name	Reason for Leaving	Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised		
Specific Duties:					

Part 5. DATE AND SIGNATURE

**TO BE ACCEPTED, YOU
MUST SIGN AND DATE
THIS APPLICATION.**

All answers and statements are true and complete to the best of my knowledge. I understand that the state may verify information, and that untruthful or misleading answers are cause for rejection of this application, removal of my name from a register, or dismissal if employed.

→ → → →

Date (Month/Day/Year)

Signature

Part 4. EMPLOYMENT HISTORY (Continued)

6. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					
7. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					
8. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					
9. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					
10. Present or Last Employer		Employer's Address		Employer's Phone Number	
Your Title	Months & Years Employed in this Position From / To /		Total Months	Average Hours /Per Week	Last Salary
Immediate Supervisor's Name	Reason for Leaving		Volunteer (✓) <input type="checkbox"/>	Number of Employees Supervised	
Specific Duties:					

Part 6. GEOGRAPHIC CHOICE

Please consider carefully where you are willing to work since you will be considered only for locations that you check.

- If you are available for anywhere in a county, check the box next to the county number and name.
- If available only to certain cities, check the box next to the city number(s) and names(s).
- If you select "Other Locations", you will be considered for positions throughout the county, but not in the cities listed below.
- If nothing is marked, you will only be considered for positions in your county of residence.
- If you refuse employment at a location selected below, your name will be removed from that employment register.
- To change your designation, please call (360) 664-1960.

EXAMPLES:

☒ 01 ADAMS COUNTY
 1 Othello
 2 Ritzville
 999 Other Locations

01 ADAMS COUNTY
☒ 1 Othello
 2 Ritzville
 999 Other Locations

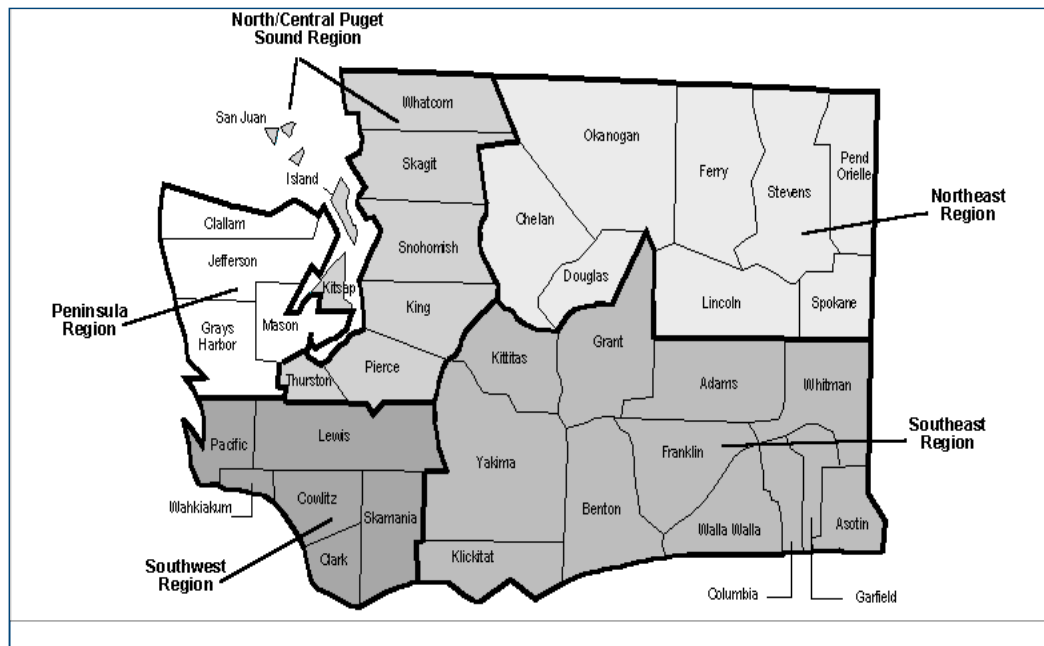
Applicant will work anywhere in Adams County.

Applicant will work only in Othello.

WASHINGTON STATE GEOGRAPHIC REGIONS

NORTH/CENTRAL PUGET SOUND REGION

- ☐ 15 ISLAND COUNTY
☐ 1 Oak Harbor
☐ 999 Other Locations
- ☐ 17 KING COUNTY
☐ 1 Auburn
☐ 2 Bellevue
☐ 3 Bothell
☐ 4 Burien
☐ 5 Enumclaw
☐ 6 Federal Way
☐ 7 Issaquah
☐ 8 Kent
☐ 9 Kirkland
☐ 10 North Bend
☐ 11 Redmond
☐ 12 Renton
☐ 28 Tukwila
☐ 41 Snoqualmie
- SEATTLE**
☐ 13 Ballard
☐ 14 Beacon Hill
☐ 15 Capitol Hill
☐ 16 Central Area
☐ 17 Downtown Business
☐ 18 Magnolia
☐ 19 North Seattle
☐ 20 Queen Anne
☐ 21 Rainier Valley
☐ 22 University District
☐ 23 West Seattle
☐ 24 White Center
☐ 25 Lake City
☐ 26 South Seattle
☐ 30 Belltown
☐ 31 Mercer Island
☐ 40 Anywhere in Seattle
☐ 999 Other Locations
- ☐ 18 KITSAP COUNTY
☐ 1 Bremerton
☐ 2 Port Orchard
☐ 3 Manchester
☐ 4 Retsil
☐ 999 Other Locations
- ☐ 27 PIERCE COUNTY
☐ 1 Buckley
☐ 2 Gig Harbor
☐ 3 Lakewood
☐ 4 Purdy
☐ 5 Puyallup
☐ 6 Steilacoom
☐ 7 Tacoma
☐ 8 McNeil Island



31 SNOHOMISH COUNTY

- ☐ 1 Arlington
☐ 2 Edmonds
☐ 3 Everett
☐ 4 Monroe
☐ 5 Mountlake Terrace
☐ 6 Lynnwood
☐ 7 Smokey Point
☐ 999 Other Locations

34 THURSTON COUNTY

- ☐ 1 Olympia
☐ 2 Tumwater
☐ 3 Cedar Creek
☐ 4 Lacey
☐ 999 Other Locations

37 WHATCOM COUNTY

- ☐ 1 Bellingham
☐ 999 Other Locations

PENINSULA REGION

05 CLALLAM COUNTY

- ☐ 1 Forks
☐ 2 Port Angeles
☐ 3 Clallam Bay

23 MASON COUNTY

- ☐ 1 Shelton
☐ 2 Belfair
☐ 999 Other Locations

SOUTHWEST REGION

06 CLARK COUNTY

- ☐ 1 Vancouver
☐ 2 Larch Mountain
☐ 3 Yacolt
☐ 4 Ridgefield
☐ 999 Other Locations

08 COWLITZ COUNTY

- ☐ 1 Castle Rock
☐ 2 Kelso
☐ 3 Longview
☐ 4 Kalama
☐ 999 Other Locations

21 LEWIS COUNTY

- ☐ 1 Centralia
☐ 2 Chehalis
☐ 999 Other Locations

25 PACIFIC COUNTY

09 DOUGLAS COUNTY

10 FERRY COUNTY

22 LINCOLN COUNTY

24 OKANOGAN COUNTY

- ☐ 1 Okanogan
☐ 2 Omak
☐ 999 Other Locations

26 PEND OREILLE COUNTY

32 SPOKANE COUNTY

- ☐ 1 Cheney
☐ 2 Medical Lake
☐ 3 Spokane
☐ 4 Airway Heights
☐ 999 Other Locations

33 STEVENS COUNTY

- ☐ 1 Colville
☐ 999 Other Locations

01 ADAMS COUNTY

- ☐ 1 Othello
☐ 2 Ritzville

11 FRANKLIN COUNTY

- ☐ 1 Pasco
☐ 2 Connell
☐ 999 Other Locations

12 GARFIELD COUNTY

13 GRANT COUNTY

- ☐ 1 Ephrata
☐ 2 Moses Lake
☐ 999 Other Locations

19 KITTITAS COUNTY

- ☐ 1 Ellensburg
☐ 2 Cle Elum
☐ 999 Other Locations

20 KLIKITAT COUNTY

- ☐ 1 Goldendale
☐ 2 White Salmon
☐ 999 Other Locations

36 WALLA WALLA COUNTY

- ☐ 1 College Place
☐ 2 Walla Walla
☐ 999 Other Locations

- ☐ 9 Orting
☐ 999 Other Locations
☐ **28 SAN JUAN COUNTY**
☐ 1 Friday Harbor
☐ 999 Other Locations
☐ **29 SKAGIT COUNTY**
☐ 1 Anacortes
☐ 2 Mount Vernon
☐ 3 Sedro Woolley
☐ 999 Other Locations

- ☐ 999 Other Locations
☐ **14 GRAYS HARBOR CO.**
☐ 1 Aberdeen
☐ 2 Hoquiam
☐ 3 Montesano
☐ 999 Other Locations
☐ **16 JEFFERSON COUNTY**
☐ 1 Port Townsend
☐ 2 Brinnon
☐ 999 Other Locations

- ☐ 1 Naselle
☐ 2 Raymond
☐ 999 Other Locations
☐ **30 SKAMANIA COUNTY**
☐ **35 WAHIAKUM COUNTY**
☐ **NORTHEAST REGION**
☐ **04 CHELAN COUNTY**
☐ 1 Chelan
☐ 2 Leavenworth
☐ 3 Wenatchee
☐ 999 Other Locations

- ☐ 999 Other Locations
☐ **02 ASOTIN COUNTY**
☐ 1 Clarkston
☐ 999 Other Locations
☐ **03 BENTON COUNTY**
☐ 1 Kennewick
☐ 2 Prosser
☐ 3 Richland
☐ 999 Other Locations
☐ **07 COLUMBIA COUNTY**

- ☐ **38 WHITMAN COUNTY**
☐ 1 Colfax
☐ 2 Pullman
☐ 999 Other Locations
☐ **39 YAKIMA COUNTY**
☐ 1 Selah
☐ 2 Sunnyside
☐ 3 Toppenish
☐ 4 Union Gap
☐ 5 Yakima
☐ 999 Other Locations

Part 7. AFFIRMATIVE ACTION INFORMATION

To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information will be treated as confidential, and will be available only to authorized personnel. Please review the Affirmative Action Definitions at the bottom of the page.

Name (Last, First, Middle Initial)	Recruitment Announcement Number	Date of Birth	Social Security Number (Optional)
------------------------------------	---------------------------------	---------------	-----------------------------------

1. What race(s) or culture(s) do you consider yourself?

- ☐ Black/African-American (870)
☐ Caucasian/White (800)
☐ Asian or Pacific Islander (API)
☐ Chinese (605) ☐ Vietnamese (619)
☐ Filipino (608) ☐ Asian Indian (600)
☐ Hawaiian (653) ☐ Japanese (611)
☐ Korean (612) ☐ Cambodian (604)
☐ Samoan (655) ☐ Laotian (613)
☐ Guamanian (660) ☐ Other API, specify: _____
☐ American Indian (597) Please identify name of the enrolled or principal tribe: _____
☐ Eskimo (935)
☐ Aleut (941)
☐ Hispanic
☐ Mexican, Mexican -American (722) ☐ Puerto Rican (727)
☐ Chicano (705) ☐ Cuban (709)
☐ Other Spanish, specify: _____
☐ Other Race, specify: _____

If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.

- ☐ Multi-Racial, preference: _____

2. Are you ☐ Male ☐ Female

3. Have you ever been on active duty in the U.S. Armed Forces?

- ☐ No ☐ Yes* Dates: _____
☐ Vietnam Era Veteran
☐ Disabled Veteran (Percent of disability: _____%)

** If you checked yes, please complete the Veterans Information on the next page and attach a copy of your DD214.*

4. Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning? ☐ Yes ☐ No

Please see the definition of "disabilities" below.

I certify that this information is true and accurate to the best of my knowledge.

/ /

Date

Signature

Affirmative Action Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Korea, Pakistan, the Philippine Republic, and Samoa

Black/African-American. A person with origins in any of the Black racial groups of Africa

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam

Disabilities. For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment, which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation Affairs for disability rated at 30 percent or more, or a person

would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released from duty with other than a dishonorable discharge.

Part 8. VETERAN'S INFORMATION

Additional points or employment preference is given to veterans who meet state qualifications.

Note: *To qualify and receive veteran's preference, you must attach a copy of the discharge or DD214 with your employment application.*

For Competitive Employment

Your passing score will be increased by either five (5) or ten (10) percent if you qualify for this program and you are *not* receiving military retirement pay. If you *are* receiving military retirement pay, your passing score will be increased by five (5) percent.

1. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?
☐ No ☐ Yes
2. Were you discharged within the last 15 years?
☐ No ☐ Yes, type of discharge: _____
3. Are you receiving a monthly military retirement benefit?
☐ No ☐ Yes
4. Did you serve in the Republic of Vietnam?
☐ No ☐ Yes, Date: _____
5. Did you serve in the US Armed Forces between August 6, 1964 and May 7, 1975?
☐ No ☐ Yes
6. Do you have a service-connected disability?
☐ No ☐ Yes, List percent of disability: _____
Were you discharged because of this disability?
☐ No ☐ Yes
7. List campaign, expeditionary, or service medals received.

For Non Competitive Employment

Although points are not added under this category, employment preference is given to qualified veterans, surviving spouses of deceased veterans, or spouses of a permanently disabled veteran.

8. Are you presently the spouse of a disabled veteran?
☐ No ☐ Yes, list percent of spouse's disability: _____
9. Are you the surviving spouse of a veteran who died from service related activities?
☐ No ☐ Yes
List campaign, expeditionary, or service medals spouse received:

10. If you are a surviving spouse, have you remarried?
☐ No ☐ Yes, Date: _____
11. Please list dates of your (or spouse's) active military service:

Date Entered:	Branch:	Date Separated:
/ /	_____	/ /
/ /	_____	/ /

Part 9. TEST ANSWERS

- This is an answer section that is used for some recruitment announcements. Use it if instructed to do so on the announcement.
- For questions regarding skill level:
 - Refer us to the education or employment experience where you've acquired the skill.
 - On the line preceding each question below, use the number of the education or experience as you've described it in Parts 3 & 4 of this application.

_____ 1. (a) (b) (c) (d) (e) _____	_____ 8. (a) (b) (c) (d) (e) _____	_____ 15. (a) (b) (c) (d) (e) _____	_____ 22. (a) (b) (c) (d) (e) _____
_____ 2. (a) (b) (c) (d) (e) _____	_____ 9. (a) (b) (c) (d) (e) _____	_____ 16. (a) (b) (c) (d) (e) _____	_____ 23. (a) (b) (c) (d) (e) _____
_____ 3. (a) (b) (c) (d) (e) _____	_____ 10. (a) (b) (c) (d) (e) _____	_____ 17. (a) (b) (c) (d) (e) _____	_____ 24. (a) (b) (c) (d) (e) _____
_____ 4. (a) (b) (c) (d) (e) _____	_____ 11. (a) (b) (c) (d) (e) _____	_____ 18. (a) (b) (c) (d) (e) _____	_____ 25. (a) (b) (c) (d) (e) _____
_____ 5. (a) (b) (c) (d) (e) _____	_____ 12. (a) (b) (c) (d) (e) _____	_____ 19. (a) (b) (c) (d) (e) _____	_____ 26. (a) (b) (c) (d) (e) _____
_____ 6. (a) (b) (c) (d) (e) _____	_____ 13. (a) (b) (c) (d) (e) _____	_____ 20. (a) (b) (c) (d) (e) _____	_____ 27. (a) (b) (c) (d) (e) _____
_____ 7. (a) (b) (c) (d) (e) _____	_____ 14. (a) (b) (c) (d) (e) _____	_____ 21. (a) (b) (c) (d) (e) _____	_____ 28. (a) (b) (c) (d) (e) _____

Agency Use

CONVERTED
SCORE

RAW SCORE

Thank you for submitting this employment application...

To ensure that your application is processed quickly, please review it to be certain that you have answered all questions. Take a moment to review all documents that you wish to include. If required, have you included copies of official documents, such as military discharges? Please make sure you sign and date your application. A final review now will enable Personnel staff to complete their evaluation more efficiently and send you the results.